## PART B - FEE(S) TRANSMITTAL

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		SEI. *	<b>5</b>					(Date)			
APPLICATION NO.	FILING DAK	ENTA THE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/612,147	10/612,147 07/03/2003		Svend Erik Nielsen			n	H0610.0345/P345	3318			
TITLE OF INVENTION: /21/2005 MBEYENE2 000 FC:1501	000016 10612147		ON OF AMI	MONIA							
FC:150APPLN. TYPE	50APPLN. TYPE SMALL 3600 100 0P		ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE			
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EXA	EXAMINER		ART UNIT		CL	ASS-SUBCLASS	٦				
	LANGEL, WAYNE A			1754		423-362000	J				
1. Change of corresponde	nce address or indicati	on of "Fee Add	iress" (37	2. For prin	nting on t	he patent front page, l	ist				
CFR 1.363).			,	(1) the na	mes of u	p to 3 registered pate	llicks	stein Shapiro			
Change of corresponded Address form PTO/SB	ondence address (or Cl /122) attached.	nange of Corres	spondence	or agents	•	• •	Morin	a & Oshinsky LL			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AN	ND RESIDENCE DAT	TA TO BE PRI	NTED ON T	HE PATEN	Γ (print o	r type)					
PLEASE NOTE: Unle recordation as set forth	ess an assignee is iden in 37 CFR 3.11. Con	ntified below, in npletion of this	no assignee form is NO	data will app F a substitute	ear on the	ne patent. If an assign g an assignment.	nee is identified below, the d	locument has been filed for			
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Häldor Topso	oe A/S		I	yngby,	Denn	nark					
Please check the appropria	ate assignee category	or categories (v	vill not be pr	inted on the r	natent):	☐ Individual ※☐ C	orporation or other private gr	oun entity Government			
4a. The following fee(s) a				. Payment of			Sarpanan ar anna proma ga	*			
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5. Change in Entity State  a. Applicant claims	•	,	R 1.27.	D b. Applic	cant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).			
The Director of the USPT	O is requested to appl	v the Issue Fee	and Publicat	ion Fee (if a	ny) or to	re-apply any previous	ly paid issue fee to the applications at the state of the	ation identified above.			
Authorized Signature	Sleph	Cellap	1		- ,	Date Se	ptember 1 <b>9</b> ,2005				
Typed or printed name Stephen A. Soffen				Registration No31_, 063							
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ality is governed by 3 application form to the solution form to the solution for reducing this brginia 22313-1450. D	CFR 1.311. The Susceptible U.S.C. 122 and USPTO. Tire urden, should to NOT SEND	ne information of 27 CFR ne will vary be sent to the FEES OR C	n is required 1.14. This co depending u chief Infort COMPLETEI	to obtain llection is pon the in mation Of D FORM	or retain a benefit by s estimated to take 12 ndividual case. Any c fficer, U.S. Patent and S TO THIS ADDRES	the public which is to file (an minutes to complete, includir omments on the amount of ti Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,			

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PTO/SB/17 (12-04v2)

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Effective	on 12/08/2004	4.	Complete if Known									
Fees pursuant to the Consolidate			Application Nun	nber 1	0/612,147-Conf. #3318							
FEE TRA	NSM	ITTAL	Filing Date	J	July 3, 2003							
	FY 200		First Named Inv		Svend E. Nielsen							
	1 200	<u> </u>	Examiner Name	V	W. A. Langel							
Applicant claims small	entity status.	See 37 CFR 1.27	Art Unit		1754							
TOTAL AMOUNT OF PAY	MENT	(\$) 1,715.00	Attorney Docket	Attorney Docket No. H0610.0345/P345								
METHOD OF PAYMENT (check all that apply)												
Check x Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	.,.				•							
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEES										
	FILIN	IG FEES SE Small Entity	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity							
Application Type	Fee (\$)	Fee (\$) Fee (\$		Fee (\$)	Fee (\$)	Fees P	aid (\$)					
Utility	300	150 500	250	200	100							
Design	200	100 100	50	130	65							
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 0	0	0	0							
2. EXCESS CLAIM FEES Sm												
Fee Description Each claim over 20 (includi		Fee (\$) 50	Fee (\$) 25									
Each independent claim over		200	100									
Multiple dependent claims		360	180									
Total Claims Extra	Claims	Fee (\$) Fee	Paid (\$)	Mu	ıltiple Depende							
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3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction there					,							
Total Sheets												
100 = /50 (round up to a whole number) x =												
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g. late filing surcharge): 1501 Utility issue fee 1,400.00												
Other (e.g., late filing su	mal	300.00										
,		15.00										
SUBMITTED BY					* * * * * * * * * * * * * * * * * * * *							
Signature	1/2/4	25toph	Registration No. (Attorney/Agent)	31,063	Telephone	(202) 82	3-4879					
Name (Print/Type) Stephen	A. Soffen	<del>~~</del>	1 . monitoja igoraj		Date S	September	19, 2005					